

KNOW YOUR CLIENT (KYC) | APPLICATION FORM (FOR INDIVIDUALS ONLY)

Please fill in ENGLISH & in BLOCK LETTERS with black/blue ink & tick the appropriate options

Application No. :

### A. IDENTITY DETAILS

<b>1. Name of Applicant</b>			
Father's/ Spouse Name			
<b>2. a. Mother Name</b>	<b>b. Mother's Maiden Name</b>		
<b>3. a. Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
<b>b. Date of Birth</b>	DD / MM / YYYY	<b>c. Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married
<b>4. Nationality</b>	<input type="checkbox"/> Indian	<b>5. Status</b>	<input type="checkbox"/> Resident Individual
<b>6. PAN</b>		<b>7. Aadhar</b>	
<b>8. Specify the proof of identity submitted :</b>			

**PHOTOGRAPH**

Paste color passport size photo & sign across it

signature of 1st Holder




signature of 1st Holder

### B. ADDRESS DETAILS

<b>1. Correspondence Address</b>			
City/Town/ village		Pin Code	
State		Country	
<b>2. Contact/Mobile No.</b>		Tel (Res.)	
Tel (Off.)		Email id	
3. Specify the proof of address submitted for Correspondence Address:			
4. Permanent Address (if different from above correspondence address)	<input type="checkbox"/> Same as correspondence address		
City/Town/Village		Pin Code	
State		Country	
<b>5. Occupation (Please tick)</b>	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt Sector) <input type="checkbox"/> O-Other ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X-Not Categorised		
<b>6. Specify the proof of address submitted for Permanent Address:</b>			

### DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place			Signature of Applicant
Date	DD / MM / YYYY		

### FOR OFFICE USE ONLY

Details of Employee/SB/AP	AC Agarwal Share Broker Pvt. Ltd.	AC Agarwal Share Broker Pvt. Ltd. Seal/Stamp of the Intermediary
Name & E Code	Documents verified with Originals & In-Person Verification done by	
Designation		
Date / Place	DD / MM / YYYY                      PLACE	
Signature		